

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/8/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	49652	7/18/99
FORMALITY REVIEW			09/17/99

# INDEX OF CLAIMS

✓ ..... Rejected  
 □ ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/8/99
2	✓	✓	9/8/99
3	✓	✓	9/8/99
4	✓	✓	9/8/99
5	✓	✓	9/8/99
6	✓	✓	9/8/99
7	✓	✓	9/8/99
8	✓	✓	9/8/99
9	✓	✓	9/8/99
10	✓	✓	9/8/99
11	✓	✓	9/8/99
12	✓	✓	9/8/99
13	✓	✓	9/8/99
14	✓	✓	9/8/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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